



IAPS Rec'd PCT/PTO 17 MAR 2006

PCT
Patent

Attorney Docket No. 1025260-000095

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Naoki Hashiguchi

Application No.: 10/535,241

Filing Date: May 18, 2005

Title: ELEVATOR APPARATUS

Group Art Unit: 3652

Examiner:

Confirmation No.: 5731

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☐ Terminal Disclaimer(s) and the ☐ \$65.00 (2814) ☐ \$130.00 (1814) fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are Preliminary Amendment and Second Information Disclosure Statement with PTO
1449 and four (4) prior art references.

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted _____

on _____
for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.

Buchanan Ingersoll PC
ATTORNEYS

Including attorneys from Burns Doane Swecker & Mathis

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(8/05)

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below.

| AMENDED CLAIMS | | | | | |
|--|------------------|--|--------------|---------------------|------------------|
| | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate | Additional Fee |
| Total Claims | 10 | MINUS 20 = | 0 | x \$50.00 (1202) = | \$ 0.00 |
| Independent Claims | 7 | MINUS 3 = | 4 | x \$200.00 (1201) = | \$ 800.00 |
| If Amendment adds multiple dependent claims, add \$360.00 (1203) | | | | | |
| Total Claim Amendment Fee | | | | | \$ 800.00 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee | | | | | \$ 0.00 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | \$ 800.00 |

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☒ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

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Date: March 17, 2006

Respectfully submitted,

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